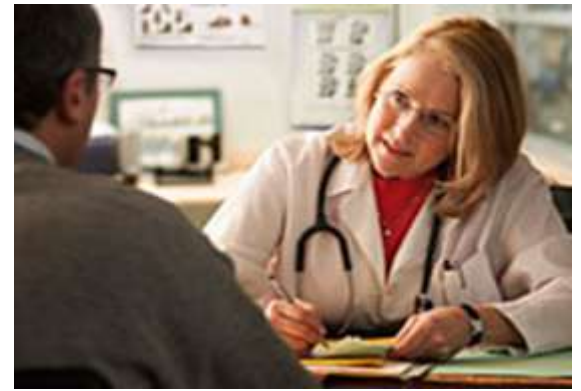


Are you considering using Concierge Medical and/or Dental Care?



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Concierge Medical and/or Dental Care. In this type of medical and/or dental practice, doctors (mainly in primary care) and/or dentists see fewer patients so they can spend more time with ones they do see. These practices may also be referred to as membership medicine, concierge health and/or dental care, cash only practice, direct care, direct primary care, and direct practice medicine. Most concierge medicine and/or dental practices do not bill insurance.

Patients who use concierge care usually pay a monthly or annual out-of-pocket fee or retainer in order to receive access to a primary care provider or dentist. The cost of these fees can range from several hundred dollars to several thousand annually.

Concierge medical and/or dental care is not a substitute for health or dental insurance. The retainer, no matter how steep, generally will not cover out-of-office visits to specialists, emergency room care, hospitalization, major surgery or high-tech diagnostic tests, such as CT scans and MRIs.

Weigh the cost. Ask yourself whether the money you're paying out of pocket will provide a return in terms of a better relationship with a doctor and better health. If, after weighing these factors, you think a concierge doctor might make sense for you, be sure you have answers to the following questions before signing on the dotted line. Remember: There is no standard definition of concierge care, so before signing up you must be crystal clear on what you'll get for the money.

Questions to ask the concierge provider:

- Is the provider contracted with the PPO network?
- Will the provider bill your insurance for medical and/or dental services provided?
- What services does the fee include?
- Can you schedule same-day appointments?
- Can you contact the provider by email or phone with routine questions?
- Will the provider coordinate your care if you need one or more specialists?
- Will the provider make house calls?

Other things you will want to consider: Concierge membership fees generally represent an annual premium that bundles the cost of specific medical/dental care services. The services provided must be a covered benefit and the billing to HealthSCOPE Benefits must include procedure/diagnosis codes, provider taxpayer identification number, date(s) of service, and provider signature confirming services rendered.

Membership fees: The IRS has specific provisions for reimbursement of qualifying health care expenses. The concierge membership fee may not qualify for reimbursement under a health savings account or health reimbursement arrangement. Call HealthSCOPE Benefits at 888-763-8232 to verify whether or not a concierge fee is considered a qualifying health care expense under IRS Publication 969.

PPO Network. Is the concierge medical or dental care provider contracted with the CDHP's PPO network? Before signing on the dotted line, contact HealthSCOPE Benefits at 888-763-8232 to determine the network status of the provider.